

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

**See Instructions and \*Privacy  
Statement On Reverse Side**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME

SSN or EMPLOYEE NUMBER\*

DEPARTMENT

OCO

POSITION

CB/ID No.

DIVISION or BUREAU

INDEX NUMBER

Chief Deputy Director

Office of the Chief Information Officer

RESIDENCE ADDRESS \*

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

1325 J Street, Suite 1600

(916) 319-9223

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Sacramento

CA

95814

Sacramento

CA

95814

(1) NORMAL WORK HOURS

8:00am-5:00pm

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.585

(4) MONTH/YEAR

April/09

(6) LOCATION  
WHERE EXPENSES  
WERE INCURRED

(7)

(8) MEALS

(9)

(10) TRANSPORTATION

(11)

(12)

(5) DATE

TIME

LODGING

BREAK-  
FAST

LUNCH

O.T., L/T,  
N/C, RELO.  
OR  
DINNER

INCIDENTALS

(A) COST OF  
TRANS.(B) TYPE  
USED(C) CARFARE,  
TOLLS,  
PARKING(D) PRIVATE CAR USE  
MILES AMOUNTBUSINESS  
EXPENSETOTAL  
EXPENSES  
FOR DAY

3

0700

Sacramento to San Francisco

18.00

PC

4.00

86.00

50.31

72.31

1930

&amp; Return

4.00

86.00

50.31

54.31

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

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0.00

0.00

0.00

0.00

0.00

0.00

0.00

(13)

**SUBTOTALS**

0.00

0.00

0.00

18.00

0.00

0.00

8.00

172.00

100.62

0.00

126.62

**COLUMN CODE (ACCTG. USE ONLY)****CLAIM TOTAL****\$126.62**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Gave a presentation at the Web 2.0 Expo held at the Moscone Center in San Francisco

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE